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## Certificate of Registration Limited-Liability Partnership

(PURSUANT TO NRS CHAPTER 87)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

<b>1. Name of Limited-Liability Partnership:</b> (see instructions)				
<b>2. Street Address of Principal Office:</b>				
	Street Address	City	State	Zip Code
<b>3. Registered Agent for Service of Process:</b> (check only one box)				
<input type="checkbox"/> Commercial Registered Agent:	Name			
<input type="checkbox"/> Noncommercial Registered Agent (name and address below)	<b>OR</b> <input type="checkbox"/> Office or Position with Entity (name and address below)			
	Name of Noncommercial Registered Agent <b>OR</b> Name of Title of Office or Other Position with Entity			
	Street Address	City	Nevada	Zip Code
	Mailing Address (if different from street address)	City	Nevada	Zip Code
<b>4. Name and Business Address of Each Managing Partner in this State:</b> (attach additional pages if more than 3)				
1)	Name			
	Business Address	City	Nevada	Zip Code
2)	Name			
	Business Address	City	Nevada	Zip Code
3)	Name			
	Business Address	City	Nevada	Zip Code
<b>5. Name and Signature of Authorized Managing Partner(s):</b> (see instructions)	The partnership, hereafter, will be a registered limited-liability partnership:			
	Name	<b>X</b> Managing Partner Signature		
	Name	<b>X</b> Managing Partner Signature		
	Name	<b>X</b> Managing Partner Signature		
<b>6. Certificate of Acceptance of Appointment of Registered Agent:</b>	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i>			
	<b>X</b> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity			Date

This form must be accompanied by appropriate fees.